



Membership Application

APPLICANT INFORMATION (*REQUIRED FIELDS)		
Name*:		
Address*:		
City*:	State*:	ZIP Code*:
Primary Phone Number:	Secondary Phone Number:	
Mobile Phone Number:		
Email Address:		
May we share your email address/phone number with other club members (circle preference)? YES NO		

ANNUAL MEMBERSHIP
Individual - \$25 _____ Family - \$35 _____

Additional Family Members	
Name:	Email:
Name:	Email:
Name:	Email:
Name:	Email:
Name:	Email:

RIDER INFORMATION						
What type of bike(s) do you ride:	Road		Mountain		Comfort	Other (specify)
Level of Riding:	Novice		Intermediate		Advanced	

VOLUNTEER OPPORTUNITIES							
Time Trial Timer		Race Volunteer		Ride Leader		Newsletter	
Web Master		Race Sponsor		Trail Development		Youth Activities	
Other (Please Specify)							

I, the undersigned, understand that ELKO VELO is a non-profit, recreational cycling club for the express purpose of promoting the sport of bicycling, bike safety, and providing camaraderie and fellowship amongst its members. Membership in Elko Velo in no way implies liability on the part of the club. I understand execution of a Release Agreement for Elko Velo events is a requirement for my participation in club events. I also understand that Elko Velo has a mandatory helmet rule. As a member of Elko Velo, I will wear my helmet on all Elko Velo club rides. If I forget my helmet for an event, I recognize that I will not be able to ride with the club at that event.

Signature:	Date:
Signature:	Date:

Please make checks payable to and send to:
 Elko Velo Cycling Club
 PO Box 1364
 Elko, NV 89803

Club Use Only
Date:
Amt:
Check: